

JAN. 29, 2010 10:59AM 17325242808

NO. 0375 P. 1

TO: ISSUE FEE

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7319 7390 11/09/2009

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Christine Cuffe	(Depositor's name)
Christine Cuffe	(Signature)
1-29-10	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/721,857	11/25/2003	Fred H. Burbank	ETH5293USNP	6931

TITLE OF INVENTION: OCCLUSION DEVICE FOR ASYMMETRICAL UTERINE ARTERY ANATOMY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	02/09/2010
				62/01/2010 MBELETE2 03088005 100750		1072 857
EXAMINER	ART UNIT	CLASS-SUBCLASS				
HOUSTON, ELIZABETH	3731	606-193000		01 FC:2501 02 FC:1594	755.00 DA 200.00 DA	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

Recorded: 4/14/04

(A) NAME OF ASSIGNEE

Vascular Control Systems, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY) Reel/Frame: 015600/0406
San Juan Capistrano, CAPlease check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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January 29, 2010

Authorized Signature /Melissa J. Szanto/

Date _____

Typed or printed name Melissa J. Szanto

Registration No. 40,834

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